



## JENNINGS COUNTY HEALTH DEPARTMENT

PO BOX 323 / 200 EAST BROWN STREET

VERNON, INDIANA 47282

(812) 352-3024 FAX: (812) 352-3030

[kdougherty@jenningscounty-in.gov](mailto:kdougherty@jenningscounty-in.gov)

### 2018 TEMPORARY/NON PROFIT FOOD VENDORS PERMIT APPLICATION

Please complete both pages of the application and mail or hand deliver to our office on or 11 days prior to the scheduled event. **Late Fees** will apply and be added 10 days prior to and the day of the event. All Non Profit applicants must provide a federal Tax ID#.

#### Festivals or Events you will attend in Jennings County:

- |   |  |
|---|--|
| <input type="checkbox"/> Sassafras Team Festival              | <input type="checkbox"/> Vernon Labor Day Festival     |
| <input type="checkbox"/> Jennings County Fair                 | <input type="checkbox"/> Hayden Museum Labor Day Fest. |
| <input type="checkbox"/> North Vernon July Fourth Celebration | <input type="checkbox"/> Commiskey Fall Festival       |
| <input type="checkbox"/> North Vernon Christmas in the City   | <input type="checkbox"/> Other _____                   |

**DATE:** \_\_\_\_\_

#### Applicant

Name Displayed on Booth \_\_\_\_\_

Name of Owner/Operator/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person at Booth \_\_\_\_\_

Contact Phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name of Certified Food Handler \_\_\_\_\_ Cert.Exp.date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Certification ☐ Serv Safe ☐ Food Safety Manager (NRFSP) ☐ Certified Pro Food Mgr.

List of Food Items to be Prepared and Served: \_\_\_\_\_

\_\_\_\_\_

Food Items that will be prepared at other locations and brought to the event:

\_\_\_\_\_

Location at which above listed foods will be prepared \_\_\_\_\_

Type of Structure ☐ Trailer ☐ Tent ☐ Inside Building ☐ Other

Type of Water Source ☐ Self-contained Tank ☐ Supplied by Festival ☐ Other

Type of Hand washing ☐ Sink ☐ Thermos w/spigot ☐ Urn ☐ Other \_\_\_\_\_

Type of Dish washing ☐ 3 compartment sink ☐ Tubs/buckets ☐ Other \_\_\_\_\_

Type of Power Source ☐ Plug into source ☐ Generator ☐ LPG ☐ Other \_\_\_\_\_

### Event

Date of Event \_\_\_\_\_

Number of Days of Operation \_\_\_\_\_

Time Food will be served from \_\_\_\_\_ to \_\_\_\_\_

Non Profit Tax ID Number \_\_\_\_\_

### FEE SCHEDULE

\$40.00 per unit per event (11 days prior to event)

\$60.00 per unit per event (10 days prior)

\$70.00 per unit per event (day of event)

\$85.00 per unit 3 or more events in Jennings

**For profit: A Certified Food Handler must be present during the event and have proof of certification (if required) or you will not be allowed to participate. If you are uncertain if a CFH is required, contact the JCHD for clarification.**

**The undersigned applies for a license to operate a temporary food service establishment pursuant to retail food establishment requirements in 410 IAC 7-24. The undersigned certifies receipt of the conditions of operation, and that the establishment will be operated and maintained in accordance with these conditions.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_